



Module 6: Transitional Benefits



Module Objectives

After this module, you should be able to:

- Explain the purpose of the Transitional Assistance Management Program (TAMP) and program elements
- List who may be eligible for transitional health care coverage
- Discuss who may be eligible for extended care for service-related conditions beyond the TAMP period
- State who can be covered under the Continued Health Care Benefit Program
- Explain the purpose of a Certificate of Creditable Coverage



TRICARE Transitional Benefits

- The transition from military life back to civilian life can be challenging
- TRICARE assists certain active duty service members (ADSMs), eligible National Guard/Reserve members, eligible family members, and others losing TRICARE eligibility make this transition through three programs:
 - Transitional Assistance Management Program
 - Transitional Care for Service-Related Conditions
 - Continued Health Care Benefit Program
- Military retirees are not eligible for these programs, as they remain TRICARE eligible as a retiree



Transitional Assistance Management Program

- The Transitional Assistance Management Program (TAMP) provides **180** days of transitional health care coverage for certain members of the Uniformed Services who separated from active duty, and their eligible family members
 - The 180-day period begins the day after active duty benefit coverage ends



TAMP Eligibility

- A uniformed service member is considered eligible if they are:
 - A member who is involuntarily separating from active duty under honorable conditions*
 - A member who is separating from active duty after being involuntarily retained (Stop-Loss) in support of a contingency operation
 - A member who is separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation
 - A National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation

***Note:** Service members who are involuntarily separated should check with their Service personnel departments to see if they qualify for TAMP benefits and that their eligibility is documented in DEERS.



TAMP Eligibility (continued)

A uniformed service member is also considered eligible if they are:

- A member who receives a sole survivorship discharge
 - Granted when a service member is the only surviving child in a family in which mother, father, or siblings died or were severely injured while on active duty
- A member who is separated from active duty who agrees to become a member of the Selected Reserve of the Ready Reserve of a Reserve Component

Note: Family members of TAMP-eligible sponsors are eligible for TAMP benefits beginning on the sponsor's separation date.



TRICARE Coverage During TAMP

- TAMP coverage, by default, is TRICARE Standard
 - TAMP beneficiaries (including the former active duty member) who were enrolled in TRICARE Prime immediately prior to separation may continue TRICARE Prime with no break in coverage, **as long as a re-enrollment application** is submitted prior to the end of the TAMP period
 - During TAMP, beneficiaries are not eligible for TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members



Transitional Care for Service-Related Conditions

- Beginning November 1, 2009, an additional benefit became available to former ADSMs who have a service-related condition identified during their TAMP period
- Transitional Care for Service-Related Conditions (TCSRC) provides extended transitional health care coverage for former ADSMs who had **certain service-related conditions** discovered or diagnosed during their TAMP period
- The period of coverage for TCSRC is 180 days from the date the diagnosed condition is validated by a DoD physician
- **Note: TCSRC does not extend the duration of the original TAMP period beyond 180 days**



TCSRC Eligibility

- Eligibility is limited to TAMP-eligible former ADSMs with a newly diagnosed medical condition believed related to active duty service
- Members may receive extended transitional care for that condition, **and that condition only**
- Certain criteria must be met in order to obtain this benefit
- If the former ADSM believes they have a newly diagnosed service-related condition during the TAMP period, they should submit documentation to the Military Medical Support Office (MMSO) to apply for the benefit
 - MMSO will coordinate review of the documentation by a DoD physician, and approve or deny authorization for care



Continued Health Care Benefit Program

- The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program that offers temporary transitional health coverage (up to 18 or 36 months) after TRICARE eligibility ends
- Eligible beneficiaries have up to 60 days after losing military healthcare (including TAMP) to enroll in CHCBP
 - To avoid a gap in coverage, it is recommended that beneficiaries enroll 60 days before losing TRICARE benefits
- Enrollment requires submitting an enrollment, premium payment, and all required documentation



CHCBP Eligibility

- The following are among those eligible to enroll in CHCBP:
 - Former ADSMs released from active duty (under other than adverse conditions) and their eligible family members; | *coverage is limited to 18 months*
 - Unremarried former spouses who were eligible for TRICARE on the day **before** the date of the final decree of divorce, dissolution, or annulment; *coverage is limited to 36 months*
 - Former dependent children who no longer meet requirements to be an eligible family member and were eligible for TRICARE on the day **before** ceasing to meet those requirements; *coverage is limited to 36 months*
 - Certain unmarried children by adoption or legal custody; *coverage is limited to 36 months*



CHCBP Coverage

- Although CHCBP uses existing TRICARE providers and follows the rules of the TRICARE Standard option, it is not a part of TRICARE
 - The CHCBP program is administered by Humana Military Healthcare Services, Inc.; participation is **optional**
- Coverage is effective the day after beneficiaries lose their TRICARE benefits
- For more information, visit:
www.humana-military.com



Certificate of Creditable Coverage

- A Certificate of Creditable Coverage serves as evidence of prior health care coverage and can help reduce or eliminate medical pre-existing condition waiting periods when purchasing other health insurance coverage
- The Defense Manpower Data Center (DMDC) issues Certificates of Creditable Coverage to beneficiaries within 14 days of their loss of TRICARE eligibility
- Uniformed services retirees do not receive a certificate of creditable coverage, because they do not lose their TRICARE eligibility
- Requests for a Certificate of Creditable Coverage can be mailed, faxed, or phoned in to the Defense Manpower Data Center Support Office



Congratulations! You've Completed Module 6: Transitional Benefits

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